

**USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE**

FILED SEP 23 1957

## STANDARD CERTIFICATE OF DEATH

34473

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 584D Registrar's No. 2245

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Box 1620B, Rt. 13</b>		d. STREET ADDRESS (If outside, give location) <b>Box 1620B Route 13</b>	
3. NAME OF DECEASED (Type or print) <b>MARGARET MCGILL</b>		4. DATE OF DEATH <b>Sept. 9, 1957</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></b>	8. DATE OF BIRTH <b>Oct. 23, 1871</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Mt. Vernon, Ill.</b>	
13. FATHER'S NAME <b>Joseph Yearwood</b>		14. MOTHER'S MAIDEN NAME <b>Mary Klein</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Stroke</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last, DUE TO (b) <b>Cerebral arterial sclerosis</b> DUE TO (c) <b>334X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>1 yr.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>9/6/57</b> to <b>9/9/57</b> and last saw her <b>him</b> alive on <b>9/9/57</b> . Death occurred at <b>6 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Charles R. Burnside M.D.</b>	
22b. ADDRESS <b>206 N. Clay, Kirkwood</b>		22c. DATE SIGNED <b>9/9/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-11-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mt. Vernon, Ill.</b>
24. FUNERAL DIRECTOR <b>Parker-Aldrich Webster Groves</b>		25. DATE RECD. BY LOCAL REG. <b>9-9-57</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert B. Donk MD</b>			

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Leslie Welch*

Licensed Embalmer No. 432

P. O. Address *Walter St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.